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|   |  |   |   | Doc  | union   | i age I oi Z                         |                                       |  |
|---|--|---|---|--|---|--------------------------------------|---------------------------------------|--|
|   |  | on to identify your case  | 9:  |  |   |                                      |                                       |  |
| Debtor 1 Patricia Daleus First Name Mid |  | iddle Name  |   | Last Name                                  |   |                                      |                                       |  |
|   | btor 2   |   |   |  |   |                                      |                                       |  |
| (Sp                                     | oouse if, filing)  | First Name  | Mic   | ldle Name                                  | L   | ast Name                             |                                       |  |
| Un                                      | ited States Bank   | cruptcy Court for the:  | NORTH                                       | ERN DIST                                   | RICT OF ILLING                                | OIS                                  |                                       |  |
|   | se number<br>known)  |   |   |  |   |                                      |                                       | ☐ Check if this an amended filing  |
| B                                       | 103A   |   |   |  |   |                                      |                                       |  |
|   |  | for Individuals   | to Pa                                       | y the Fi                                   | iling Fee i                                   | n Installme                          | nts                                   | 12/15  |
| Be<br>info                              | as complete an<br>ormation.  | d accurate as possib  | le. If two I                                | married pe                                 |   |                                      |                                       | sible for supplying correct  |
| Pa                                      | rt 1: Speci  | fy Your Proposed Pa   | yment Tin                                   | netable                                    |   |                                      |                                       |  |
| 1.                                      |  | er of the Bankruptcy<br>g to file under?                                      | Code are                                    |  | Chapter 7 Chapter 11 Chapter 12 Chapter 13    |                                      |                                       |  |
| 2.                                      |  | ly to pay the filing fed  |   | You p                                      | propose to pay                                | <b>/</b>                             |                                       |  |
|   | four installments. Fill in the amounts you propose to pay and the dates you plan to pay them. Be sure all dates are business days. Then add the payments you propose to pay. |   |   | \$   | 0.00  |                                      | iling of the petition ore this date   |  |
|   | You must propose to pay the entire fee no later than 120 days after you file this  |   |   |  |   |                                      |                                       | MM / DD/ YYYY  |
|   |  |   |   | \$   | 111.66  | On or before                         | this date                             | 2/10/17  |
|   |  | ruptcy case. If the court approves your cation, the court will set your final |   | \$   | 111.66  | On or before this date               |                                       | MM / DD/ YYYY<br><b>3/10/17</b>  |
|   | payment timetable.   |   | + \$  | 111.68                                     | On or before                                  | this date                            | MM / DD/ YYYY  4/10/17  MM / DD/ YYYY |  |
|   |  |   |   | \$   | 335.00  |                                      |                                       |  |
|   |  |   | Total                                       |  | `   | Your total must eq                   | ual the entire fee fo                 | or the chapter you checked in line 1.  |
| Pa                                      | rt 2: Sign I   | Below   |   |  |   |                                      |                                       |  |
|   | signing here, yellerstand that:  | ou state that you are   | unable to                                   | pay the fu                                 | II filing fee at o                            | once, that you wa                    | nt to pay the fee i                   | in installments, and that you  |
|   | prepai<br>You m<br>debts<br>If you   | rer, or anyone else for<br>nust pay the entire fee<br>will not be discharged  | services in<br>no later tha<br>until your e | connection<br>an 120 days<br>entire fee is | n with your ban<br>s after you first<br>paid. | kruptcy case.<br>file for bankruptcy | , unless the court la                 | y to an attorney, bankruptcy petition ater extends your deadline. Your hts in other bankruptcy proceedings |
| X                                       | /s/ Patricia D   | aleus   | Х   |  |   | Х                                    | /s/ Jennifer A.                       |  |
|   | Patricia Daleus  |   |   | Signature of Debtor 2                      |   |                                      | Jennifer A. Bla                       |  |
|   |  | ary 10, 2017<br>DD / YYYY   |   | Date MN                                    | M / DD / YYYY                                 |                                      | Date January MM/ DD /                 | 10, 2017<br>YYYY   |

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|---------------------|--|-------------------------|-------------|--------------------------|------------------------------------|
|                     | ation to identify the case:                    |                         |             |                          |                                    |
| Debtor 1            | Patricia Daleus                                | Middle Mars             | 1           | Mana                     |                                    |
| Debtor 2            | First Name                                     | Middle Name             | Last        | Name                     |                                    |
| (Spouse if, filing) | First Name                                     | Middle Name             | Last        | Name                     |                                    |
| United States Ba    | nkruptcy Court for the:                        | NORTHERN DISTRI         | CT OF ILLIN | IOIS                     |                                    |
| Case number (if     | known)   |                         |             |                          |                                    |
| Chapter filing und  | der:   |                         |             | Chapter 7                |                                    |
|                     |  |                         |             | Chapter 11               |                                    |
|                     |  |                         |             | Chapter 12<br>Chapter 13 |                                    |
|                     |  |                         |             |                          |                                    |
| Order Appr          | oving Payment o                                | of Filing Fee in Ir     | nstallme    | ents                     |                                    |
| After consideri     | ing the <i>Application fol</i>                 | r Individuals to Pay th | ne Filing F | ee in Installments (Off  | icial Form 103A), the court order  |
| ☐ The debtor(       | s) may pay the filing                          | fee in installments on  | the terms   | proposed in the appl     | ication.                           |
| ·                   | s) must pay the filing                         |                         |             |                          |                                    |
| - The depion        | You must pay                                   | _                       | _           | is date                  |                                    |
|                     | Tou must pay                                   |                         | belore tri  | is uate                  |                                    |
|                     | \$   |                         |             |                          |                                    |
|                     |  | Month                   | / day / ye  | ar                       |                                    |
|                     | \$   |                         |             |                          |                                    |
|                     | <u> </u>                                       | Month                   | / day / ye  | <br>ar                   |                                    |
|                     | •  |                         |             |                          |                                    |
|                     | \$   | Month                   | / day / ye  |                          |                                    |
|                     |  | MOHIT                   | / uay / ye  | aı                       |                                    |
| +                   | \$   |                         |             |                          |                                    |
| I                   |  | Month                   | / day / ye  | ar                       |                                    |
| Total               | \$   |                         |             |                          |                                    |
|                     |  |                         |             |                          |                                    |
|                     |  |                         |             |                          |                                    |
|                     |  |                         |             |                          |                                    |
|                     |  |                         |             |                          |                                    |
|                     |  |                         |             |                          |                                    |
|                     | fee is paid in full, the to anyone else for se |                         |             |                          | ransfer any additional property to |
|                     |  |                         |             |                          |                                    |
|                     |  | By the                  |             |                          |                                    |
|                     | Month / day / y                                | /ear                    | l           | Inited States Bankrup    | tcy Judge                          |